

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/929,717

|                          |                                            |
|--------------------------|--------------------------------------------|
| DATE: <u>2/27/02</u>     | FROM: <u>Hyun</u> (print name)             |
| REASON(S):               |                                            |
| FORWARD TO:              | A. You had Parent <input type="checkbox"/> |
| A. Art Unit: <u>2132</u> | B. See Title <input type="checkbox"/>      |
| B. Class: <u>713</u>     | C. See Abstract <input type="checkbox"/>   |
| C Subclass: <u>200</u>   | D. See Claim(s): <input type="checkbox"/>  |

FURTHER EXPLANATION IF NEEDED:  
*Firewall*

|                    |                                            |
|--------------------|--------------------------------------------|
| DATE: _____        | FROM: _____ (print name)                   |
| REASON(S):         |                                            |
| FORWARD TO:        | A. You had Parent <input type="checkbox"/> |
| A. Art Unit: _____ | B. See Title <input type="checkbox"/>      |
| B. Class: _____    | C. See Abstract <input type="checkbox"/>   |
| C Subclass: _____  | D. See Claim(s): <input type="checkbox"/>  |

FURTHER EXPLANATION IF NEEDED:

|                                           |                                            |
|-------------------------------------------|--------------------------------------------|
| DATE: _____                               | FROM: _____ (print name)                   |
| REASON(S):                                |                                            |
| FORWARD TO CLASSIFIER<br>[REDACTED]       | A. You had Parent <input type="checkbox"/> |
| B. See Title <input type="checkbox"/>     |                                            |
| C. See Abstract <input type="checkbox"/>  |                                            |
| D. See Claim(s): <input type="checkbox"/> |                                            |

FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

|                    |                                            |
|--------------------|--------------------------------------------|
| DATE: _____        | CLASSIFIER: _____                          |
| REASON(S):         |                                            |
| FORWARD TO:        | A. You had Parent <input type="checkbox"/> |
| A. Art Unit: _____ | B. See Title <input type="checkbox"/>      |
| B. Class: _____    | C. See Abstract <input type="checkbox"/>   |
| C Subclass: _____  | D. See Claim(s): <input type="checkbox"/>  |

FURTHER EXPLANATION IF NEEDED: